

Foster Family Home - Corrective Action Report

Provider ID: 1-180070

Home Name: Helen Manzana, CNA

94-691 Ka'aoki Place

Waipahu

HI 96797

Review ID: 1-180070-2

Reviewer: David Ayling

Begin Date: 8/26/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 8/26/19.

Corrective Action Report issued during home inspection with all items due to CTA by 9/26/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current Blood Borne Pathogen certification for CG #2. Expired 7/20/19.

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - CG #2 did not lead a fire drill in the last 12 months.

David Ayling Rv
Compliance Manager

Helen Manzana
Primary Care Giver

8/26/19
Date

8/26/2019
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Helen Manzana**

CCFFH Address: **94-691 Ka'aoki Place, Waipahu, HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8) 46.(a)	I have removed CG #2 from my CCFFH.	8/26/19	I will make sure all CG's have updated files. I will use a calendar to remind me of all expiration dates and to schedules all SCG's to lead a fire drill at least once a year.

Primary Caregiver's Signature: *Helen Manzana*

Print Name: **Helen Manzana**

Date of Signature: **8/26/2019**